PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875								Application or Docket Number 09/690,046			ing Date 16/2000	To be Mailed	
	Al	D – PAF		OTHER THAN SMALL ENTITY OR SMALL ENTITY									
	FOR	N	NUMBER FILED		NUMBER EXTRA		П	RATE (\$)	FEE (\$)		RATE (\$)	FEE (\$)	
	BASIC FEE (37 CFR 1.16(a), (b),	or (c))	N/A		N/A		l	N/A		1	N/A		
	SEARCH FEE (37 CFR 1 16(k), (i), a	or (m))	N/A		N/A		1	N/A			N/A		
	EXAMINATION FE (37 CFR 1,16(o), (p),		N/A		N/A			N/A			N/A		
	TAL CLAIMS CFR 1.16(i))		minus 20 =		•			X \$ =		OR	x s =		
IND (37	EPENDENT CLAIM CFR 1.16(h))	IS	minus 3 =				l	X \$ =		1	X \$ =		
	APPLICATION SIZE (37 CFR 1.16(s))	FEE sheer is \$25 addition 35 U.	If the specification and sheets of paper, the applies \$250 (\$125 for small additional 50 sheets or 35 U.S.C. 41(a)(1)(G) a			pplication size fee due il entity) for each r fraction thereof. See and 37 CFR 1.16(s).							
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1,16(j))										4			
* If	the difference in colu	ımn 1 is less than	r "0" in col		TOTAL		J	TOTAL					
										ER THAN ALL ENTITY			
AMENDMENT	07/27/2004	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1.16(ii)	· 13	Minus	20		= 0		X \$9 =	0	OR	X \$ =		
	Independent (37 CFR 1,16(h))	· 10	Minus	3		- 7		X \$43 =	301	OR	X \$ =		
	Application Size Fee (37 CFR 1.16(s))												
1	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.18(j))									OR			
								TOTAL ADD'L FEE	301	OR	TOTAL ADD'L FEE		
		(Column 1)		(Colu	_	(Column 3)							
AMENDMENT		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1,160))	*	Minus	*		-		x \$ =		OR	x s =		
	Independent (37 CFR 1 16(h))		Minus	***		-		X \$ =		OR	X \$ =		
	Application Size Fee (37 CFR 1.16(s))]			
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1 16(i))						l			OR		. (
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.								TOTAL ADD'L FEE	andre um and Fr	OR	TOTAL ADD'L FEE		
**	"I the entry in column 1 is less than the entry in column 2, write 0" in column 3. Legal Instrument Examiner: "#the "#ilpote thimset Previously Paid For #I THIS SPACE is less than 3, enter "3" "If the "Highest Number Previously Paid For #I THIS SPACE is less than 3, enter "3" The "Highest Number Previously Paid For #I THIS SPACE is less than 3, enter "3" The "Highest Number Previously Paid For #I THIS SPACE is less than 5, enter "3" The "Highest Number Previously Paid For #I THIS SPACE is less than 5, enter "3" The "Highest Number Previously Paid For #I THIS SPACE is less than 5, enter "3" The "Highest Number Previously Paid For #I THIS SPACE is less than 5, enter "3" The "Highest Number Previously Paid For #I THIS SPACE is less than 5, enter "3" The "Highest Number Previously Paid For #I THIS SPACE is less than 5, enter "3" The "Highest Number Previously Paid For #I THIS SPACE is less than 5, enter "3" The "Highest Number Previously Paid For #I THIS SPACE is less than 5, enter "3" The "Highest Number Previously Paid For #I THIS SPACE is less than 5, enter "3" The "Highest Number Previously Paid For #I THIS SPACE is less than 5, enter "3" The "Highest Number Previously Paid For #I THIS SPACE is less than 5, enter "3" The "Highest Number Previously Paid For #I THIS SPACE is less than 5, enter "3" The "Highest Number Previously Paid For #I THIS SPACE is less than 5, enter "3" The "Highest Number Previously Paid For #I THIS SPACE is less than 5, enter "4" The "Highest Number Previously Paid For #I THIS SPACE is less than 5, enter "4" The "Highest Number Previously Paid For #I THIS SPACE is less than 5, enter "4" The "Highest Number Previously Paid For #I THIS SPACE is less than 5, enter "4" The "Highest Number Previously Paid For #I THIS SPACE is less than 5, enter "4" The "Highest Number Previously Paid For #I THIS SPACE is less than 5, enter "4" The "Highest Number Previously Paid For #I THIS SPACE is less than 5, enter "4" The "Highest Number Previously Paid For #I THIS SPACE is less tha												

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to ring contents of information is equilible by a content of the information of the informat ADDRESS SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.